

Case Number:	CM14-0098297		
Date Assigned:	07/28/2014	Date of Injury:	03/22/2012
Decision Date:	09/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41-year-old male who was injured on March 22, 2012. The patient continued to experience low back pain. Physical examination was notable for 5/5 lower extremity strength bilaterally, intact sensation, and tenderness over the lumbar and thoracic paraspinals. Diagnoses included lumbar degenerative disc disease, lumbar discogenic disease, chronic pain syndrome, and myofascial pain. Treatment included medications, physical therapy, and home exercise program. Requests for authorization for Toradol injection and urine toxicology screen were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Toradol Injection DOS: 6/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68, 72.

Decision rationale: Toradol is ketorolac, a non-steroidal anti-inflammatory drug that can be administered orally or parenterally. Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be

warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Ketorolac is not indicated for minor or chronic painful conditions. Therefore, this request is not medically necessary.

Retrospective Urine Toxicology Screen DOS: 6/4/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. The Official Disability Guidelines criteria for Urinary Drug testing are recommended for patients with chronic opioid use. The patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. The patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient is at very low risk for opioid abuse and addictive behavior. Urine drug testing is indicated once yearly. There is no documentation of previous drug testing. Frequency of testing is not clear. Medical necessity cannot be determined. Therefore, this request is not medically necessary.